

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000006512

**FILED**  
**Apr 13, 2013**  
**Secretary of State**  
**CC8062947306**

**Entity Name:** KENANSVILLE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

1180 S CANOE CREEK RD  
KENANSVILLE, FL 34739

**Current Mailing Address:**

POST OFFICE BOX 41  
KENANSVILLE, FL 34739

**FEI Number:** 59-3551864

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VALLEY, LOIS MS  
534 MINNOW COURT  
KENANSVILLE, FL 34739 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name COLLINS, ESTHER  
Address 1500 LAKE MARIAN ROAD  
City-State-Zip: KENANSVILLE FL 34739

Title D  
Name VICKERS, FAY  
Address 705 VICKERS ROAD  
City-State-Zip: KENANSVILLE FL 34739

Title SD  
Name MCWHORTER, MYRA  
Address 447 LAGOON  
City-State-Zip: KENANSVILLE FL 34739

Title TD  
Name VALLEY, LOIS  
Address 534 MINNOW CT  
City-State-Zip: KENANSVILLE FL 34739

Title D  
Name PALMER, DAVID  
Address 175 N. MYRTLE DR  
City-State-Zip: KENANSVILLE FL 34739

Title VPD  
Name SMOTHERS, BEULAH  
Address 429 SPOONBILL COURT  
City-State-Zip: KENANSVILLE FL 34739

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOIS W. VALLEY

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04/13/2013

Electronic Signature of Signing Officer/Director Detail

Date